

EXHIBIT A



Case 1:12-cv-00604-WMS Document 5-1 Filed 10/05/12 Page 2 of 8

Invoice **A**udit **S**ervices

P.O. Box 559
Moon Twp., PA 15108

1-877-309-7515

6/4/2012

0000003770



GINA LEONE
61 GEORGIAN LN APT A2
BUFFALO, NY 14221-2184



| | |
|--------------------|---------------|
| Date of Service | 1/19/2012 |
| Original Invoice # | 1012527035 |
| Account # | 208620-173856 |
| Amount Due Now | \$87.36 |

Regarding your bill with



Dear GINA LEONE,

Invoice Audit Services has been retained by Quest Diagnostics as a courtesy in regards to your outstanding balance. At the request of Quest Diagnostics, Invoice Audit Services has performed an audit and verified that there is a balance of \$87.36 **still open on your account.**

These charges are for laboratory services provided by Quest Diagnostics at the request of your physician. These charges are separate from the physician fees. The claim was submitted to your insurance carrier and the amount due is your responsibility per their determination.

Quest Diagnostics takes great care in making sure no account is sent to a third party without allowing its patients to have every opportunity to understand the charges and resolve their account. Should you believe there has been a billing or insurance error, you may contact Invoice Audit Services to verify the charges or to have additional insurance information processed.

Please remit your payment using the enclosed envelope and bottom portion of the letter. If you cannot pay the bill in full, please contact Invoice Audit Services. We are more than willing to set up a payment arrangement or discuss alternative payment options.

Thank you very much for your prompt attention to this matter.

Invoice Audit Services on behalf of Quest Diagnostics

PLEASE DETACH AND MAIL THIS PORTION WITH YOUR PAYMENT

| | | |
|--|--------------|-------------|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| CARD NUMBER | 3 DIGIT CODE | AMOUNT PAID |
| SIGNATURE | | EXP. DATE |
| NAME | | DATE |
| ACCOUNT NUMBER | AMOUNT DUE | |
| 208620-173856 | \$87.36 | |

You may pay your bill...

By Phone at 877-309-7515

By Mail at the remit address below



Invoice **A**udit **S**ervices

P.O. Box 559
Moon Twp., PA 15108

EXHIBIT B



Case 1:12-cv-00604-WMS Document 5-1 Filed 10/05/12 Page 4 of 8

I A S
Invoice Audit Services

P.O. Box 559
Moon Twp., PA 15108

1-877-309-7515

6/4/2012

0000003769



GINA LEONE
61 GEORGIAN LN APT A2
BUFFALO, NY 14221-2184

| | |
|--------------------|---------------|
| Date of Service | 11/26/2011 |
| Original Invoice # | 1011861648 |
| Account # | 208619-173856 |
| Amount Due Now | \$11.48 |

Regarding your bill with



Dear GINA LEONE,

Invoice Audit Services has been retained by Quest Diagnostics as a courtesy in regards to your outstanding balance. At the request of Quest Diagnostics, Invoice Audit Services has performed an audit and verified that there is a balance of \$11.48 **still open on your account.**

These charges are for laboratory services provided by Quest Diagnostics at the request of your physician. These charges are separate from the physician fees. The claim was submitted to your insurance carrier and the amount due is your responsibility per their determination.

Quest Diagnostics takes great care in making sure no account is sent to a third party without allowing its patients to have every opportunity to understand the charges and resolve their account. Should you believe there has been a billing or insurance error, you may contact Invoice Audit Services to verify the charges or to have additional insurance information processed.

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Thank you very much for your prompt attention to this matter.

Invoice Audit Services on behalf of Quest Diagnostics

PLEASE DETACH AND MAIL THIS PORTION WITH YOUR PAYMENT

| | | |
|--|--------------|-------------|
| <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> VISA | | |
| CARD NUMBER | 3 DIGIT CODE | AMOUNT PAID |
| SIGNATURE | | EXP. DATE |
| NAME | | DATE |
| ACCOUNT NUMBER | AMOUNT DUE | |
| 208619-173856 | \$11.48 | |

You may pay your bill...

By Phone at **877-309-7515**

By Mail at the remit address below



I A S
Invoice Audit Services

P.O. Box 559
Moon Twp., PA 15108

Exhibit C



Case 1:12-cv-00604-WMS Document 5-1
Do not use address below:

P.O. Box 7302
Hollister, MO 65673-7302

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For services not included in your physician's bill

AV 01 003457 99403B 14 A**5DGT



717216 PGH 1012527035

CYRUS CHUBINEH

61A GEORGIAN LN APT 2

BUFFALO, NY 14221-2184

| Invoice Date: | Amount Due: | Due Date: |
|---------------|-------------|---------------|
| Jun. 04, 2012 | \$87.36 | Jun. 19, 2012 |

| Invoice Number | Lab Code | Bill Code |
|----------------|----------|-----------|
| 1012527035 | PGH | |

Patient Name: GINA LEONE
Responsible Party: CYRUS CHUBINEH
Date of Service: January 19, 2012

Lab Results and Diagnosis Questions Must Be Answered By Your Physician.



Customer Service

LOG ON NOW at www.QuestDiagnostics.com/bill to conveniently pay your invoice, provide updated insurance information, or take a patient survey.



Phone

1-800-837-3177

Weekdays 9AM - 4:00PM EST

Please have your invoice available for reference. To check your current balance, check your last payment amount, or pay your balance by credit card 24 hours a day, please call 1-877-287-8155.

Please have your invoice available for reference.

Fax

1-412-920-7980

Laboratory Tests Were Requested By:

Referring Physician: JOSEPH J. TORRE, M.D.
Physician Address: BLDG B SUITE 208
WILLIAMSVILLE, NY 14221

Most Recent Insurance Claim Filed To:

Insurance Name: AETNA POINT OF SERVI
Insurance ID: 821445390
Group Number: 811380

These charges are for laboratory services ordered by the referring physician listed. If payment is not received by the due date, we will utilize insurance information we may have on file to submit a claim for payment. If insurance information was previously provided, then we have already billed your insurance and received a rejection or denial for payment. If you have questions please contact your insurance carrier. Thank you for using Quest Diagnostics.

| Date | CPT Code * | Test Description | Charge | Insurance Discount | Insurance Paid | Medicare/ Medicaid Paid | Patient Paid | Patient Owes |
|---|------------|-----------------------------|----------|--------------------|----------------|-------------------------|--------------|--------------|
| 01/19/12 | 36415 | VENOUS SPECIMEN COLLECTION | \$11.20 | | | | | |
| 01/19/12 | 80048 | BASIC METABOLIC PANEL | \$67.20 | | | | | |
| 01/19/12 | 82627 | DHEA SULFATE | \$194.50 | | | | | |
| 01/19/12 | 83498 | 17-OH-PROGESTERONE,LC/MS/MS | \$187.80 | | | | | |
| Tax ID: 22-3137283 ICD-9 Codes: 704.1,255.2 | | | \$460.70 | (\$373.34) | | | | \$87.36 |

Services Performed by: QUEST DIAGNOSTICS PITTSBURGH,PA

Services Performed by: QUEST DIAGNOSTICS SJC,CA

* The CPT codes provided are based on AMA guidelines and without regard to specific payor requirements

▲ Please fold and tear along perforation and remit with payment in the envelope provided. ▲



Quest Diagnostics

LOG ON NOW. Pay your bill online securely at
www.QuestDiagnostics.com/bill
or call 1-800-837-3177

Quest Diagnostics also accepts:

VISA

MasterCard



DISC VER NETWORK

Please make checks payable to Quest Diagnostics.
Be sure to include invoice number on your check.



Check here if address has changed.

Please provide your new address information on the back.

Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

Lab Code: PGH

Amount Due: \$87.36

Due Date: Jun. 19, 2012

Invoice Number: 1012527035

Patient Name: GINA LEONE

Amount Enclosed: \$

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
PO BOX 71314
PHILADELPHIA, PA 19176-1314



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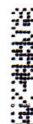


Exhibit D



Case 1:12-cv-00604-WMS Document 5-1
Do not use address below.

P.O. Box 7302
Hollister, MO 65673-7302

11/26/11 1011861648 of 8

Page 1 of 1

For services not included in your physician's bill

AV 01 003456 99403B 14 A**5DGT



717216 PGH 1011861648

CYRUS CHUBINEH

61A GEORGIAN LN APT 2

BUFFALO, NY 14221-2184

| Invoice Date: | Amount Due: | Due Date: |
|---------------|-------------|---------------|
| Jun. 04, 2012 | \$11.48 | Jun. 19, 2012 |

Invoice Number: 1011861648
Lab Code: PGH
Bill Code:

Patient Name: GINA LEONE
Responsible Party: CYRUS CHUBINEH
Date of Service: November 26, 2011

Lab Results and Diagnosis Questions Must Be Answered By Your Physician.

Laboratory Tests Were Requested By:

Referring Physician: JOSEPH J. TORRE, M.D.
Physician Address: BLDG B SUITE 208
WILLIAMSVILLE, NY 14221

Most Recent Insurance Claim Filed To:

Insurance Name: AETNA POINT OF SERVI
Insurance ID: 821445390
Group Number: 811380

Customer Service

LOG ON NOW at www.QuestDiagnostics.com/bill to conveniently pay your invoice, provide updated insurance information, or take a patient survey.

Phone

1-800-837-3177
Weekdays 9AM - 4:00PM EST

Fax

1-412-920-7980

Please have your invoice available for reference. To check your current balance, check your last payment amount, or pay your balance by credit card 24 hours a day, please call 1-877-287-8155.
Please have your invoice available for reference.

These charges are for laboratory services ordered by the referring physician listed. If payment is not received by the due date, we will utilize insurance information we may have on file to submit a claim for payment. If insurance information was previously provided, then we have already billed your insurance and received a rejection or denial for payment. If you have questions please contact your insurance carrier. Thank you for using Quest Diagnostics.

| Date | CPT Code * | Test Description | Charge | Insurance Discount | Insurance Paid | Medicare/Medicaid Paid | Patient Paid | Patient Owes |
|---------------------------------------|------------|---------------------------|----------|--------------------|----------------|------------------------|--------------|--------------|
| 11/26/11 | 82634 | 11-DEOXYCORTISOL,LC/MS/MS | \$231.00 | | | | | |
| 12/31/11 | | PAID BY INSURANCE | | | (\$45.94) | | | |
| Tax ID: 22-3137283 ICD-9 Codes: 255.2 | | | \$231.00 | (\$173.58) | (\$45.94) | | | \$11.48 |

Services Performed by: QUEST DIAGNOSTICS SJC,CA

* The CPT codes provided are based on AMA guidelines and without regard to specific payor requirements

▲ Please fold and tear along perforation and remit with payment in the envelope provided. ▲



Quest Diagnostics

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www.QuestDiagnostics.com/bill
or call 1-800-837-3177
Quest Diagnostics also accepts:



Please make checks payable to Quest Diagnostics.
Be sure to include invoice number on your check.



Check here if address has changed.

Please provide your new address information on the back.

Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

Lab Code: PGH

Amount Due: \$11.48

Due Date: Jun. 19, 2012

Invoice Number: 1011861648

Patient Name: GINA LEONE

Amount Enclosed: \$

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
PO BOX 71314
PHILADELPHIA, PA 19176-1314



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